



Incident Report

Print Date/Time: 10/24/2016 10:08
Login ID: ss0100

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00020901

Incident Date/Time: 10/20/2016 2:48:00 PM
Location: OAK RD / CALLOW RD
LAKE STEVENS WA 98258
Phone Number:
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: Officer-Initiated
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D1	SS0131-Wells
19D2	SS0136-Shein

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Involved Party	ASKEVOLD, ASHLEY LAINE	7528 34TH PL NE Marysville WA 982707031	(425) 760-6843	White	Female	05/03/2000
1	Owner	CITY OF LAKE STEVENS	1812 MAIN ST LAKE STEVENS WA 98258	(425) 377-3231		Unknown	

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle	Passenger Car	1994	Toyota	CAM4D		AFN8421	WA

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

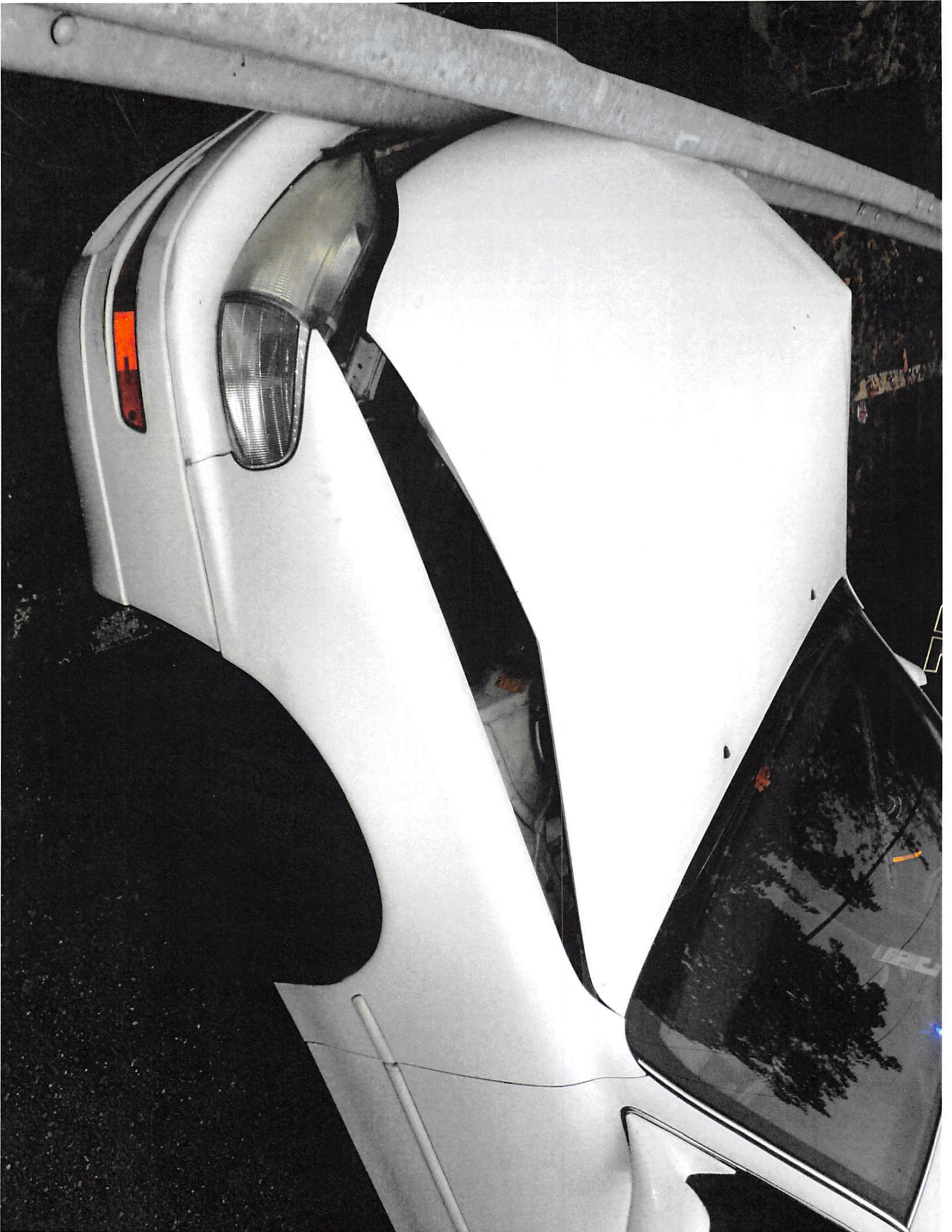
10/20/2016 : 15:05:17 SP0424 Narrative: TOW ENRT

10/20/2016 : 15:03:44 SP0424 Narrative: RESCUE TOW, 4 ROUND, PRIVATE TOW

10/20/2016 : 14:49:54 SP0390 Narrative: NON INJ

10/20/2016 : 14:48:37 SP0390 Narrative: 1 VEH BLKING UNK INJ













COLLISION REPORTS

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E598642**CASE # **2016-00020901**LOCAL AGENCY
CODINGTOTAL # OF
UNITS**02**OBJECT
STRUCT**GUARDRAIL**TRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **10** - **20** - **2016** **1448** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐**OAK RD**BLOCK NO. ☒**3200**

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐ S ☐ W **CALLOW RD**

UNIT 01MOTOR
VEHICLE☒PEDAL-
CYCLE☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4257606843

LAST NAME

ASKEVOLD

FIRST NAME

ASHLEYMIDDLE
INITIAL**L**STREET
NEW ADDRESS**7528 34TH PL NE**

CITY

MARYSVILLE

ST

WA

ZIP

982707031

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**ASKEVAL004KC**

STATE

WA

SEX

FD.O.B.
MMDDYYYY**05****03****2000**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**2**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**AFN8421**

STATE

WA

VIN#

JT2SK12E6R0209461TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

1994

MAKE

TOYT

MODEL

CAM4D

STYLE

4DVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT☒INSURANCE CO
& POLICY #**AMERIPRISE BX06414290**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 1
SHADE IN DAMAGED AREA**UNIT 02**MOTOR
VEHICLE☐PEDAL-
CYCLE☐

PEDESTRIAN

☐PROPERTY
OWNER☒DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

LAST NAME

LAKE STEVENS

FIRST NAME

CITY OFMIDDLE
INITIALSTREET
NEW ADDRESS**1812 MAIN ST**

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

UD.O.B.
MMDDYYYY**05****03****2000**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**2**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

1994

MAKE

TOYT

MODEL

CAM4D

STYLE

4DVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT☐INSURANCE CO
& POLICY #**AMERIPRISE BX06414290**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

VEHICLE NO. 2
SHADE IN DAMAGED AREA

OFFICER'S NAME (PRINT)

G. SHEIN

BADGE OR ID #

0136

AGENCY

WA0311900


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E598642**CASE # **2016-00020901**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

DRIVER OF UNIT 1 SAID THAT "THE BRAKES LOCKED UP" AND SHE WAS UNABLE TO STOP AT THREE-WAY INTERSECTION AND COLLIDED WITH A GUARD RAIL. AFTER VEHICLE WAS TOWED BY OWNER'S REQUEST, NO GUARD RAIL DAMAGE WAS OBSERVED. PHOTOGRAPHS CAPTURED OF THE DAMAGE TO VEHICLE.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. SHEIN
10-21-16 02:07 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

SGT. C. VALVICK 0071
10/21/2016 3:40:39 PM

BADGE OR ID #	0136	ORI #	WA0311900	TIME POLICE DISPATCHED	2:48 PM	TIME POLICE ARRIVED	2:48 PM
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REPORT NO. E598642

CASE # 2016-00020901

DATE AND TIME
OF COLLISION 10/20/16 14:48

